

2011 MEDICAL PLAN COMPARISON

	AVMED HEALTH PLANS (POS) (This Plan Allows You To Use Both In And Out Of Network Providers. For Purposes Of This Summary, The Two Will Be Discussed Separately.) Visit our website at www.avmed.org/go/mdpht	
COVERAGE PLAN DESCRIPTION	IN NETWORK AvMed offers Miami-Dade County employees, covered dependents and retirees under age 65 "no referral" access to an expanded network of providers in the state of Florida. In addition, AvMed offers a nationwide network for those residing outside of the service area. The plan provides 100% benefits for covered charges, after applicable co-payments. Members are encouraged, but not required, to select a primary care physician. AvMed offers 24 hour Member Service, 24 hour Nurse on Call hot lines, discounted health and wellness programs, "Healthy Living" and care management programs personalized to improve the member's health, discounted Mail Order Prescriptions and more.	OUT OF NETWORK A fee for service program that provides you the freedom to use any physician or accredited hospital of your choice outside of the network. Payments are based on the Maximum Allowable Payment (MAP). Providers who do not participate in the network may balance bill you for the amount which exceeds the Maximum Allowable Payment (MAP). Coverage is subject to deductibles and co-insurance.
DEDUCTIBLES/CO-PAYMENTS	Co-payments \$10 Physician office visit /services 100% Hospital admission coverage - no copay \$50 Emergency Room (waived if admitted) \$5/\$10/\$15 Prescriptions for 30 day supply Mail Order: \$10/\$20/\$30 for 90 day supply.	Deductible \$200 per individual; \$500 per family, Max out-of-pocket limit is \$1500 per individual (not including deductible) \$50 Emergency Room Co-payment (waived if admitted) Same in-network prescription benefits apply if participating pharmacy is used. Benefits payable at 70% of Maximum Allowable Payment (MAP) after deductible is met.
PHYSICIANS	Access any primary care physician or specialist from the Elite Access Network. Members are encouraged but not required to select a primary care physician. Covered family members may choose their own primary care physician.	Choose any licensed physician; covered charges payable at 70% of the Maximum Allowable Payment (MAP) after deductible is met.
A. IN-HOSPITAL PHYSICIAN Surgery/Visits & Consultations Anesthesiologist B. OUT-PATIENT PHYSICIAN SERVICES: Office visits for illness Office visits for injury Diagnostic X-Rays, Lab Tests, X-Ray treatments Pediatrician 1) Medically Necessary	Benefits payable at 100% when received at participating hospitals and rendered by participating physicians. \$10 co-payment; then 100% \$10 co-payment; then 100% 100% \$10 co-payment; then 100%	Benefits are payable at 70% of the Maximum Allowable Payment (MAP), after deductible is met. Plan pays 70% of MAP for covered charges, after deductible is met. Plan pays 70% of MAP for covered charges, after deductible is met. Plan pays 70% of MAP for covered charges, after deductible is met. Plan pays 70% of MAP for covered charges, after deductible is met.

2011 MEDICAL PLAN COMPARISON

	AVMED HEALTH PLANS (POS) (This Plan Allows You To Use Both In And Out Of Network Providers. For Purposes Of This Summary, The Two Will Be Discussed Separately.) Visit our website at www.avmed.org/go/mdpht	
2) Preventive (Child Health Supervision Services)	\$10 co-payment; then 100% Covers Child Health Supervision Services through age 15.	100% of MAP for covered charges, no deductible. Covers Child Health Supervision Services through age 15.
Routine Physical	\$10 co-payment; then 100%	Not covered
Obstetrical/Gynecological	\$10 co-payment, then 100%. Mammograms, PAP smears payable at 100%. Maternity Care: \$10 co-pay for 1st visit, 100% thereafter.	Plan pays 70% of MAP for covered charges, after deductible is met.
Hospitalization:	Benefits payable at 100% at following affiliated hospitals when admitted with authorization: MIAMI-DADE COUNTY Anne Bates Leach Eye Hospital • Aventura • Baptist • Coral Gables • Doctor's Hospital • Hialeah Hospital • Homestead Hospital • Jackson Memorial Hospital • Jackson South Community Hospital • Jackson North Medical Center • Kendall Regional Medical Center • Larkin Community Hospital • Mercy Hospital • Miami Children's • Mt. Sinai Medical Center • North Shore Medical Center • Palmetto General • Select Specialty Hospital • South Miami Hospital • University of Miami Hospital & Clinics • BROWARD COUNTY Anne Bates Leach Eye Hospital • Broward General Medical Center • Cleveland Clinic Hospital • Coral Springs Medical Center • Florida Medical Center • Holy Cross Hospital • Imperial Point • Joe Di Maggio Children's Hospital • Memorial Regional Hospital • Memorial Miramar • Memorial Pembroke • Memorial Hospital South • Memorial West • North Broward Medical Center • North Shore Medical-FMC • Northwest Medical Center • Plantation General • University Hospital • Westside Regional Medical Center	Plan pays 70% of MAP for covered charges, after deductible is met, when admitted with authorization.
Hospital/Surgical Requirements: Precertification of hospital confinements	Handled by admitting physician.	Precertification required or benefits will result in a \$500 penalty. This is the responsibility of the member, not the providers.
Drug & Alcohol Treatment: Inpatient	charge	No Benefits payable at 70% of MAP, after deductible is met. *
Outpatient	\$10 per visit	Benefits payable at 70% of MAP, after deductible is met. *

2011 MEDICAL PLAN COMPARISON

	AVMED HEALTH PLANS (POS) (This Plan Allows You To Use Both In And Out Of Network Providers. For Purposes Of This Summary, The Two Will Be Discussed Separately.) Visit our website at www.avmed.org/go/mdpht	
Mental & Nervous Disorders:		
Inpatient	No charge	Benefits payable at 70% MAP for covered charges, after deductible is met.*
Outpatient	\$10 per visit	70% of MAP, after deductible is met.*
Ambulance (skip line between paragraphs) Vision	100% when medically necessary (Skip line between paragraphs) Coverage provided for diseases of the eye and/or injuries to the eye. Eye exams for children under age 18 covered 100%, after \$10 co-payment. AvMed offers adult vision discounts through a preferred network of providers listed in the Provider Directory. Eye exams, glasses, contact lenses not covered.	100% when medically necessary (Skip line between paragraphs) Coverage provided for diseases of the eye and/or injuries to the eye at 70% of MAP after deductible is met. Eye exams, glasses, contact lenses not covered
Prescription Drugs:	\$5 Generic/\$10 Preferred Brand/\$15 Non-Preferred Brand prescriptions for 30 day supply including prescription contraceptives at participating pharmacies nationwide. See plan literature for participating pharmacies. Mail order: 2x co-pay for 90-day supply.	Plan pays 70% after deductible at non-participating pharmacies.
Durable Medical Equipment (DME):	Covered at 100%.	70% of MAP, after deductible is met.
Autism Spectrum Disorder (Includes: Autistic Disorder, Asperger's Syndrome & Pervasive Development Disorder):	Physical, speech, occupational therapy \$10 per visit Applied Behavior Analysis \$10 per visit Coverage for the diagnosis and treatment of Autism Spectrum Disorder includes Physical therapy, Speech therapy, Occupational Therapy and Applied Behavior Analysis. Coverage is limited to \$36,000 annually and may not exceed \$200,000 in total lifetime benefits. *	70% of MAP, after deductible is met. Coverage for the diagnosis and treatment of Autism Spectrum Disorder includes Physical therapy, Speech therapy, Occupational Therapy and Applied Behavior Analysis. Coverage is limited to \$36,000 annually and may not exceed \$200,000 in total lifetime benefits. *
Out of Area:		
1) Emergency	\$50 co-pay, waived if admitted/100% thereafter.	\$50 co-pay, waived if admitted/100% thereafter.
2) Non-Emergency	Out of network applies: 70% of MAP, after deductible is met.	70% of MAP, after deductible is met.

2011 MEDICAL PLAN COMPARISON

	AVMED HEALTH PLANS (POS) (This Plan Allows You To Use Both In And Out Of Network Providers. For Purposes Of This Summary, The Two Will Be Discussed Separately.) Visit our website at www.avmed.org/go/mdpht
	* This comparison is not a contract. For specific information on benefits, exclusions and limitations, please see the Summary Plan Description. Maximum lifetime benefits is unlimited in-network, and unlimited out-of-network. Out-of-network annual out-of-pocket maximum is \$1,500 per individual (no family maximum) and applies to most medical services, excluding pharmacy . Non-participating out-of-network providers have not agreed to accept AvMed's Maximum Allowable Payment standard (MAP) as payment in full for covered services. Therefore, if a non-participating provider is used the member may also be responsible for the difference between MAP and the non-participating provider's actual charges.

2011 MEDICAL PLAN COMPARISON

	AVMED HEALTH PLANS HIGH OPTION (HMO)	JMH HEALTH PLAN HIGH OPTION (HMO)
	Visit our website at www.avmed.org/go/mdpht	Visit our website at www.jmhhp.com
COVERAGE PLAN DESCRIPTION	AvMed offers Miami-Dade County employees, covered dependents and retirees under age 65 "no referral" access to an expanded network of providers in the state of Florida. In addition, AvMed offers a nationwide network for those residing outside of the service area. The plan provides 100% benefits for covered charges, after applicable co-payments. Members are encouraged, but not required, to select a primary care physician. AvMed offers 24 hour Member Service, 24 hour Nurse on Call hot lines, discounted health and wellness programs, "Healthy Living" and care management programs personalized to improve the member's health, discounted Mail Order Prescriptions and more.	An Open-Access, "no-referral" managed care program which offers Miami-Dade County employees access to a broad network of providers across South Florida through our Premier Access Network and access to the PHCS nationwide network as well. Members are encouraged, but not required, to select a primary care physician. Benefits covered at 100% after applicable co-payments. Other benefits include health and wellness discount programs, access to a 24-hour on-call nurse, and three months of prescriptions for the price of two – right at your local participating pharmacy. The JMH Health Plan is a not for profit, full service health maintenance organization.
DEDUCTIBLES/CO-PAYMENTS	Co-payments \$10 Physician office visit /services 100% Hospital admission coverage - no co-payment \$25/\$50 co-payment Emergency Room (waived if admitted) \$25/\$50 co-payment Urgent Care \$10/ \$20/ \$30 prescription for 30-day supply based on formulary \$20/\$40/\$60 Mail order prescription available for 90-day supply based on formulary	Co-payments \$10 Physician office visit \$0 Hospital admission co-pay \$50 co-payment Emergency Room (waived if admitted) \$25 co-payment Urgent Care \$7/\$20/\$35 Prescriptions for 30 day supply - Open Formulary Mail Order: \$14/\$40/\$70 for 90 day supply
PHYSICIANS	Access any primary care physician or specialist from the Elite Access Network. Members are encouraged but not required to select a primary care physician. Covered family members may choose their own primary care physician.	Choose any physician, primary care or specialist, from the Premier Access Network. Members are encouraged, but not required, to select a primary care physician. Covered family members may choose their own primary care physician.
A. IN-HOSPITAL PHYSICIAN Surgery/Visits & Consultations Anesthesiologist	Benefits payable at 100% when received at participating hospitals and rendered by participating physicians.	Benefits payable at 100% when received at participating hospitals and rendered by participating physicians.
B. OUT-PATIENT PHYSICIAN SERVICES:		
Office visits for illness	\$10 co-payment; then 100%	\$10 co-payment per visit, 100% thereafter
Office visits for injury	\$10 co-payment; then 100%	\$10 co-payment per visit, 100% thereafter
Diagnostic X-Rays, Lab Tests, X-Ray treatments	100%	100%
Pediatrician		
1) Medically Necessary	\$10 co-payment; 100% thereafter.	1) \$10 co-payment per visit, 100% thereafter.

2011 MEDICAL PLAN COMPARISON

	AVMED HEALTH PLANS HIGH OPTION (HMO)	JMH HEALTH PLAN HIGH OPTION (HMO)
	Visit our website at www.avmed.org/go/mdpht	Visit our website at www.jmhhp.com
2) Preventive (Child Health Supervision Services)	\$10 co-payment; then 100%	2) \$10 co-payment per visit, 100% thereafter.
Routine Physical	\$10 co-payment; 100% thereafter for annual exam.	\$10 co-payment per visit, 100% thereafter for annual exam.
Obstetrical/Gynecological	\$10 co-payment, then 100%. Mammograms, PAP smears payable at 100%. Maternity Care: \$10 co-pay for 1st visit, 100% thereafter.	\$10 co-payment per visit, 100% thereafter. Mammograms, PAP smears payable at 100%. Maternity Care: \$10 co-pay for 1st visit, 100% thereafter.
Hospitalization:	<p>Benefits payable at 100% at following affiliated hospitals when admitted with PCP authorization:</p> <p>MIAMI-DADE COUNTY Anne Bates Leach Eye Hospital • Aventura • Baptist • Coral Gables • Doctor's Hospital • Hialeah Hospital • Homestead Hospital • Jackson Memorial Hospital • Jackson South Community Hospital • Jackson North Medical Center • Kendall Regional Medical Center • Larkin Community Hospital • Mercy Hospital • Miami Children's • Mt. Sinai Medical Center • North Shore Medical Center • Palmetto General • Select Specialty Hospital • South Miami Hospital • University of Miami Hospital & Clinics •</p> <p>BROWARD COUNTY Anne Bates Leach Eye Hospital • Broward General Medical Center • Cleveland Clinic Hospital • Coral Springs Medical Center • Florida Medical Center • Holy Cross Hospital • Imperial Point • Joe Di Maggio Children's Hospital • Memorial Regional Hospital • Memorial Miramar • Memorial Pembroke • Memorial Hospital South • Memorial West • North Broward Medical Center • North Shore Medical-FMC • Northwest Medical Center • Plantation General • University Hospital • Westside Regional Medical Center</p>	<p>Benefits payable at 100% at following affiliated hospitals:</p> <p>MIAMI-DADE COUNTY Anne Bates Leach • Aventura • Baptist • Cedars • Coral Gables Hospital • Doctors Hospital • Hialeah Hospital • Jackson Memorial Hospital • Homestead Hospital • Holtz Children's Hospital • Jackson North Community Hospital • Jackson South Community Hospital • Kendall Regional • Kindred Hospital Coral Gables • Mercy Hospital • Miami Children's • Mt Sinai Medical Center • North Shore • Palmetto General • Palm Springs Hospital • South Miami Hospital • University of Miami/ Hospitals & Clinics • West Gables Rehabilitation Hospital</p> <p>BROWARD COUNTY Broward General Medical Center • Coral Springs Hospital • Holy Cross Hospital • Imperial Point • Joe DiMaggio Children's Medical Center • Kindred Hospital Ft Lauderdale • Memorial Hospital Miramar • Memorial Hospital Pembroke • Memorial Hospital South • Memorial Hospital West • Memorial Regional • North Broward Medical Center • North Shore Medical Center-FMC • Northwest Medical Center • Plantation General • University Hospital • Westside Regional Medical Center</p>
Hospital/Surgical Requirements: Precertification of hospital confinements	Handled by admitting physician.	All non-emergency inpatient confinements and physician charges are precertified through the JM Health Plan.
Drug & Alcohol Treatment: Inpatient	No charge	Covered at 100%.
Outpatient	\$10 per visit	\$10 co-payment per visit.

2011 MEDICAL PLAN COMPARISON

	AVMED HEALTH PLANS HIGH OPTION (HMO)	JMH HEALTH PLAN HIGH OPTION (HMO)
	Visit our website at www.avmed.org/go/mdpht	Visit our website at www.jmhhp.com
Mental & Nervous Disorders:		
Inpatient	No charge	Covered at 100%.
Outpatient	\$10 per visit	\$10 co-payment per visit.
Ambulance (skip line between paragraphs) Vision	100% when medically necessary (Skip Line between paragraphs) Coverage provided for diseases of the eye and/or injuries to the eye. Eye exams for children under age 18 covered 100%, after \$10 co-payment. AvMed offers adult vision discounts through a preferred network of providers listed in the Provider Directory. Eye exams, glasses, contact lenses not covered.	* 100% when medically necessary 100% for eye exam per 12 months. \$10 dispensing fee, 100% thereafter for select lenses and frames, for one pair of glasses per member per calendar year. Contact lenses not covered, 20% courtesy discount is available for professional fees and materials.
Prescription Drugs:	\$10 Generic/\$20 Brand/\$30 Non-Preferred for 30 day supply, including prescription contraceptives, at participating pharmacies nationwide. If member/physician select Brand when Generic is available, member pays difference in cost plus Brand co-payment. Mail order: 2x co-pay for 90-day supply.	\$7 Generic/\$20 Brand/\$35 Non-Formulary or refill up to 30-day supply including contraceptives, at CVS, Walgreens, Publix, Navarro, Sedanos, Albertson's, Wal-Mart, Winn Dixie, Costco, Medicine Shoppe, Sams, Kmart, and Target. See plan literature for other participating pharmacies. If member selects Brand when Generic is available, member pays difference in cost plus Brand co-payment. Co-pays required for each prescription per month. Retail or Mail order available 2 x co-payment for 90-day supply (Not all pharmacies participate).
Durable Medical Equipment (DME):	\$50 co-payment per episode of illness. Limited to a maximum of \$2000 per calendar year. Please refer to benefit guide for limitations and restrictions.	\$25 co-payment per episode of illness. Limited to a maximum of \$2,000 per calendar year. Please refer to Summary Plan Description for limitations and restrictions.
Autism Spectrum Disorder (Includes: Autistic Disorder, Asperger's Syndrome & Pervasive Development Disorder):	Physical, speech, occupational therapy \$10 per visit Applied Behavior Analysis \$10 per visit Coverage for the diagnosis and treatment of Autism Spectrum Disorder includes Physical therapy, Speech therapy, Occupational Therapy and Applied Behavior Analysis. Coverage is limited to \$36,000 annually and may not exceed \$200,000 in total lifetime benefits. *	*Physical, Speech, Occupational Therapy \$10 per visit Applied Behavior Analysis \$10 per visit Coverage for the diagnosis and treatment of Autism Spectrum Disorder includes Physical Therapy, Speech Therapy, Occupational Therapy and Applied Behavior Analysis. Coverage is limited to 36,000 annually and may not exceed \$200,000 in total lifetime benefits.
Out of Area:		
1) Emergency	\$25 participating, \$50 non-participating co-payment, waived if admitted, 100% thereafter.	1) 100% after \$50 co-payment, waived if admitted (worldwide).
2) Non-Emergency	Not covered if provider is out of network.	2) Not covered if provider is out of network.

2011 MEDICAL PLAN COMPARISON

	AVMED HEALTH PLANS HIGH OPTION (HMO) Visit our website at www.avmed.org/go/mdpht	JMH HEALTH PLAN HIGH OPTION (HMO) Visit our website at www.jmhhp.com
	*This comparison is not a contract. For specific information on benefits, exclusions and limitations, please see the Summary Plan Description.	*This is a benefit comparison, it is not a contract. For specific information on benefits, exclusions and limitations, please see the Summary Plan Description.

2011 MEDICAL PLAN COMPARISON

	AVMED HEALTH PLANS LOW OPTION (HMO)	JMH HEALTH PLAN LOW OPTION (HMO)
	Visit our website at www.avmed.org/go/mdpht	Visit our website at www.jmhph.com
COVERAGE PLAN DESCRIPTION	AvMed offers Miami-Dade County employees, covered dependents and retirees under age 65 access to an expanded network of providers in the state of Florida. In addition, AvMed offers a nationwide network for those residing outside of the service area. The plan provides 100% benefits for covered charges after applicable co-payments. Members are required to select a primary care physician. Referrals are required to see participating Specialists. AvMed offers 24 hour Member Service, 24 hour Nurse on Call hot lines, discounted health and wellness programs, "Healthy Living" and care management programs personalized to improve the member's health, discounted Mail Order Prescriptions and more.	A managed care program which offers Miami-Dade County employees access to a broad network of providers across South Florida through our Premier Access Network and access to the PHCS nationwide network as well. Members are required to select a primary care physician. Benefits covered at 100% after applicable co-payments. Other benefits include health and wellness discount programs, access to a 24-hour on-call nurse, and three months of prescriptions for the price of two – right at your local participating pharmacy. The JMH Health Plan is a not for profit, full service health maintenance organization.
DEDUCTIBLES/CO-PAYMENTS	Co-payments \$25 Physician office visit /services \$150/day Hospital Admission copay; max \$450 per adm \$100 co-payment Emergency Room (waived if admitted); \$50 co-payment Urgent Care \$15/\$30/\$50 prescription for 30-day supply based on formulary \$30/\$60/\$100 Mail order prescriptions available for 90-day supply based on formulary	Co-payments \$25 Physician office visit \$150/day Hospital admission co-pay; max \$450 per/adm. \$100 co-payment Emergency Room (waived if admitted) \$50 co-payment Urgent Care \$15/\$30/\$50 Prescriptions for 30 day supply - Open Formulary Mail Order: \$30/\$60/\$100 for 90 day supply
PHYSICIANS	Choose any primary care physician from the Elite Access Network. Change primary care physician at any time. Covered family members may choose their own primary care physician.	Choose any primary care physician from the Premier Access Network. Members are required to select a primary care physician. Covered members may select their own primary care physician. Change a primary care physician at any time.
A. IN-HOSPITAL PHYSICIAN Surgery/Visits & Consultations Anesthesiologist	Benefits payable at 100% when received at participating hospitals and rendered by participating physicians.100%	Benefits payable at 100% when received at participating hospitals and rendered by participating physicians.
B. OUT-PATIENT PHYSICIAN SERVICES:		
Office visits for illness	\$25 co-payment per visit, 100% thereafter	\$25 co-payment per visit, 100% thereafter
Office visits for injury	\$25 co-payment per visit, 100% thereafter	\$25 co-payment per visit, 100% thereafter
Diagnostic X-Rays, Lab Tests, X-Ray treatments	100%	100%
Pediatrician 1) Medically Necessary	\$25 co-payment per visit, 100% thereafter	1) \$25 co-payment per visit, 100% thereafter.

2011 MEDICAL PLAN COMPARISON

	AVMED HEALTH PLANS LOW OPTION (HMO)	JMH HEALTH PLAN LOW OPTION (HMO)
	Visit our website at www.avmed.org/go/mdpht	Visit our website at www.jmhhp.com
2) Preventive (Child Health Supervision Services)	\$25 co-payment per visit, 100% thereafter	2) \$25 co-payment per visit, 100% thereafter.
Routine Physical	\$25 co-payment per visit, 100% thereafter.	\$25 co-payment per visit, 100% thereafter for annual exam.
Obstetrical/Gynecological	\$25 co-payment per visit, 100% thereafter. Maternity - \$25 co-payment for 1st visit only.	\$25 co-payment per visit, 100% thereafter. Mammograms, PAP smears payable at 100%. Maternity Care: \$25 co-pay for 1st visit, 100% thereafter.
Hospitalization:	<p>\$150/day hospital admission /\$450 max per admission at following affiliated hospitals:</p> <p>MIAMI-DADE COUNTY Anne Bates Leach Eye Hospital • Aventura • Baptist • Coral Gables • Doctor's Hospital • Hialeah Hospital • Homestead Hospital • Jackson Memorial Hospital • Jackson South Community Hospital • Jackson North Medical Center • Kendall Regional Medical Center • Larkin Community Hospital • Mercy Hospital • Miami Children's • Mt. Sinai Medical Center • North Shore Medical Center • Palmetto General • Select Specialty Hospital • South Miami Hospital • University of Miami Hospital & Clinics •</p> <p>BROWARD COUNTY Anne Bates Leach Eye Hospital • Broward General Medical Center • Cleveland Clinic Hospital • Coral Springs Medical Center • Florida Medical Center • Holy Cross Hospital • Imperial Point • Joe Di Maggio Children's Hospital • Memorial Regional Hospital • Memorial Miramar • Memorial Pembroke • Memorial Hospital South • Memorial West • North Broward Medical Center • North Shore Medical-FMC • Northwest Medical Center • Plantation General • University Hospital • Westside Regional Medical Center</p>	<p>\$150/day limit \$450 per/adm at following affiliated hospitals:</p> <p>MIAMI-DADE COUNTY Anne Bates Leach Eye Hospital • Aventura • Baptist Hospital • Coral Gables Hospital • Doctors Hospital • Hialeah Hospital • Jackson Memorial Hospital • Homestead Hospital • Holtz Children's Hospital • Jackson North Community Hospital • Jackson South Community Hospital • Kendall Regional • Kindred Hospital Coral Gables • Mercy Hospital • Miami Children's • Mt Sinai Medical Center • North Shore • Palmetto General • Palm Springs Hospital • South Miami Hospital • University of Miami/ Hospitals & Clinics • West Gables Rehabilitation Hospital</p> <p>BROWARD COUNTY Broward General Medical Center • Coral Springs Hospital • Holy Cross Hospital • Imperial Point • Joe DiMaggio Children's Medical Center • Kindred Hospital Ft Lauderdale • Memorial Hospital Miramar • Memorial Hospital Pembroke • Memorial Hospital South • Memorial Hospital West • Memorial Regional • North Broward Medical Center • North Shore Medical Center-FMC • Northwest Medical Center • Plantation General • University Hospital • Westside Regional Medical Center</p>
Hospital/Surgical Requirements: Precertification of hospital confinements	Handled by admitting physician.	All non-emergency inpatient confinements and physician charges are precertified through the JM Health Plan.
Drug & Alcohol Treatment: Inpatient	\$150/day, for the first 3 days, per admission; no charge thereafter.*	\$150 per admission co-pay for first three days; max \$450 per admission.
Outpatient	\$25 per visit	\$25 co-payment per visit.

2011 MEDICAL PLAN COMPARISON

	AVMED HEALTH PLANS LOW OPTION (HMO)	JMH HEALTH PLAN LOW OPTION (HMO)
	Visit our website at www.avmed.org/go/mdpht	Visit our website at www.jmhph.com
Mental & Nervous Disorders:		
Inpatient	\$150/day, for the first 3 days, per admission; no charge thereafter.*	\$150 per admission co-pay for first three days; max \$450 per admission.
Outpatient	\$25 per visit	\$25 co-payment per visit.
Ambulance (skip line between paragraphs) Vision	100% when medically necessary (Skip line between paragraphs) Coverage provided for diseases of the eye and/or injuries to the eye. Eye exams for children under age 18 covered 100%, after \$25 co-payment. AvMed offers adult vision discounts through a preferred network of providers listed in the Provider Directory. Eye exams, glasses, contact lenses not covered.	* 100% when medically necessary 100% for eye exam per 12 months. \$10 dispensing fee, 100% thereafter for select lenses and frames, for one pair of glasses per member per calendar year. Contact lenses not covered, 20% courtesy discount is available for professional fees and materials.
Prescription Drugs:	\$15 Generic/\$30 Brand/\$50 Non-Formulary or refill up to 30-day supply including contraceptives, at participating pharmacies nationwide. If member selects Brand when Generic is available, member pays difference in cost plus Brand co-payment. Mail order available 2 x co-payment for 90-day supply (Not all pharmacies participate).	\$15 Generic/\$30 Brand/\$50 Non-Formulary or refill up to 30-day supply including contraceptives, at CVS, Walgreens, Publix, Navarro, Sedanos, Albertson's, Wal-Mart, Winn Dixie, Costco, Medicine Shoppe, Sams, Kmart, and Target. See plan literature for other participating pharmacies. If member selects Brand when Generic is available, member pays difference in cost plus Brand co-payment. Co-pays required for each prescription per month. Retail or Mail order available 2 x co-payment for 90-day supply (Not all pharmacies participate).
Durable Medical Equipment (DME):	\$50 co-payment per episode of illness. Limited to a maximum of \$500 per calendar year. Please refer to benefit guide for limitations and restrictions.	\$50 co-payment per episode of illness. Limited to a maximum of \$500 per calendar year. Please refer to Summary Plan Description for limitations and restrictions.
Autism Spectrum Disorder (Includes: Autistic Disorder, Asperger's Syndrome & Pervasive Development Disorder):	Physical, speech, occupational therapy \$25 per visit Applied Behavior Analysis \$25 per visit Coverage for the diagnosis and treatment of Autism Spectrum Disorder includes Physical therapy, Speech therapy, Occupational Therapy and Applied Behavior Analysis. Coverage is limited to \$36,000 annually and may not exceed \$200,000 in total lifetime benefits. *	*Physical, Speech, Occupational Therapy \$25 per visit Applied Behavior Analysis \$25 per visit Coverage for the diagnosis and treatment of Autism Spectrum Disorder includes Physical Therapy, Speech Therapy, Occupational Therapy and Applied Behavior Analysis. Coverage is limited to 36,000 annually and may not exceed \$200,000 in total lifetime benefits.
Out of Area:		
1) Emergency	\$100 co-pay, waived if admitted, 100% thereafter. \$50 urgent care center co-pay.	1) 100% after \$100 co-payment, waived if admitted (worldwide).
2) Non-Emergency	2) Not covered if provider is out of network.	2) Not covered if provider is out of network.

2011 MEDICAL PLAN COMPARISON

	AVMED HEALTH PLANS LOW OPTION (HMO) Visit our website at www.avmed.org/go/mdpht	JMH HEALTH PLAN LOW OPTION (HMO) Visit our website at www.jmhhp.com
	*This comparison is not a contract. For specific information on benefits, exclusions and limitations, please see the Summary Plan Description.	*This is a benefit comparison, it is not a contract. For specific information on benefits, exclusions and limitations, please see the Summary Plan Description.